



ARIZONA DEPARTMENT OF PUBLIC SAFETY

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(602) 223-2000

"Courteous Vigilance"

JANET NAPOLITANO ROGER VANDERPOOL
Governor Director

CONCEALED-WEAPONS FIREARMS-SAFETY INSTRUCTOR APPLICATION

NAME (LAST, FIRST, MI)				COUNTY	
RESIDENCE ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS			CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (OPTIONAL)		HOME PHONE	WORK PHONE		EXT
ORIGIN/RACE <input type="checkbox"/> American Indian / Alaskan Native (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> Asian / Pacific Islander (A) <input type="checkbox"/> Hispanic/ White (W)			GENDER (CIRCLE) Female Male	HEIGHT	WEIGHT
EYE COLOR (CIRCLE) Black Green Blue Grey Brown Hazel		HAIR COLOR (CIRCLE) Bald Brown Sandy Black Gray White Blonde Red		DATE OF BIRTH	
				PLACE OF BIRTH (STATE)	
TRAINING ORGANIZATION NAME				ORGANIZATION NUMBER	
ORGANIZATION PHONE NUMBER		RESPONSIBLE PARTY (LAST, FIRST, MI)			

Answer "Yes" or "No" to each question below:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you a United States citizen born in the U.S. or one of its territories? If NO, provide a copy of your Permanent Resident Alien Card (<i>front and back</i>). You must also submit a copy of a government issued photo ID and proof of 90 days consecutive residency.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a United States citizen born in a country other than the United States or any of its territories? If YES, provide a copy of your legal documentation proving you are lawfully present in the United States.
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under indictment for a felony arrest or have you ever been convicted of a felony offense? If YES, you do not meet the requirements for obtaining a concealed weapon permit, unless you have received a pardon for the crime.
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under indictment for or been convicted of a misdemeanor crime of domestic violence? If convicted, you will need to have the conviction set-aside, vacated, or expunged; or receive a pardon for the crime.
<input type="checkbox"/>	<input type="checkbox"/>	Have you been dishonorably discharged from the United States Armed Forces?
<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from mental illness and have been adjudicated as mentally incompetent or committed to a mental institution?
<input type="checkbox"/>	<input type="checkbox"/>	Do you meet all of the training instructor criteria listed under Firearms Safety Training eligibility (AAC R13-9-307)?

I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any document provided to DPS in the application process. I understand that falsification or misrepresentation is grounds for denial or revocation of instructor approval.

Applicant Signature

Date